

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027431

STATE FILE NUMBER

1003

Registar's No. 6892

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

S. 300  
r. 1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>				Length of stay in lb <b>4 wks</b>		d. STREET ADDRESS (If outside, give location) <b>2239 2025 Menard St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Christ</b> Middle <b>L.</b> Last <b>Schumacher</b>				4. DATE OF DEATH Month <b>July</b> Day <b>8</b> Year <b>1958</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 8, 1907</b>	
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machinist</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles Schumacher</b>				13b. MOTHER'S MAIDEN NAME <b>Erma Rissie</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>499011408</b>		17. INFORMANT Address <b>Myrtle Schumacher, 2025 Menard</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Portal Cirrhosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>581.0</b> DUE TO (c) <b>581.0</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>9:25P</b> Month, Day, Year <b>7-11-58</b>				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Bellefontaine</b>				20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>			
21. I attended the deceased from <b>12-2-57</b> to <b>7-8-58</b> and last saw him alive on <b>7/8/58</b> Death occurred at <b>9:25P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Egname or title) <b>John H. Schumacher</b>			
22b. ADDRESS <b>1504 So Grand Ave</b>				22c. DATE SIGNED <b>JUL 10 1958</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>				23b. DATE <b>7-11-58</b>			
23c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine</b>				23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
24. FUNERAL DIRECTOR <b>Fendler Und. Co., 7420 Michigan</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 10 1958</b>			
26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>				27. DATE SIGNED <b>7-10-58</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. John Duemler  
1504 S. Grand  
Or 6 3530

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Clarence M. Bill*

Licensed Embalmer No. 4325

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.